## REQUISITION FOR EMPLOYEE

STATE OF MAINE BUREAU OF HUMAN RESOURCES

	ACTION	REQUEST
--	--------	---------

A Request to Fill Vacancy

B Request for Certification

COMPANY NUMBER   BUDGET POSITION NUMBER (10 DIGITS)   UNIT DIVISION		
CLASS CODE     CLASS TITLE     RANGE     OPTION     WORK LOCATION		
CLASS CODE   CLASS TITLE   RANGE   OPTION   WORK LOCATION		
POSITION TYPE		
FULL TIME PART TIME INTERMITTENT PROJECT SEASONAL ACTING CAPA	CITY	
FUND CODE CONTACT PERSON PHONE NUMBER		
DATE VACATED (IF APPLICABLE)  NAME OF LAST INCUMBENT		
CERTIFICATION / RECRUITMENT INSTRUCTIONS		
TYPE REQUESTED: ADDITIONAL INSTRUCTIONS: OPEN FOR RECRUITMENT*:		
Standard Selective* AP		
Agency Promotional Include Transfers SWP	İ	
Statewide Promotional Include Demotions OCP		
Agency/Statewide Extended		
Open Competitive* Female ADVERTISING:		
Transfers Only Specific Transfer(s): None	:	
Demotions Only Single Line Ad		
Trainee Only Posting Only		
Reemployment* Specific Demotion(s): Block	Internet	
Acting Capacity Direct Hire  Internet Special		
*Justification Required		
SPECIAL CONSIDERATIONS/INSTRUCTIONS/R EASON FOR OPENING REGISTER:		
In requesting to fill this position, I have reviewed the Statewide Layoff List for Unclassified and Non-Competitive Appointment	ts.	
SIGNATURE OF APPOINTING AUTHORITY OR REPRESENTATIVE DATE		
KEIKESENIAIIVE		
BUREAU OF HUMAN RESOURCES		
A □ Authorized to Fill Vacancy DATE:		
B   Certification Number Issued		
SIGNATURER - DIRECTOR, BUREAU OF HUMAN RESOURCES OR REPRESENTATIVE		